•	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 09133/154													
		(Colum	nn 2)	_	MALL YPE	EN C	mmy . □	OR	OTHER SMALL					
TOTAL CLAIMS			29				ſ	RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC F	ŧ	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		•	9		X\$ 9	= .		OR	X\$ 18=	16200	
INDEPENDENT CLAIMS			5 minus 3 =		<u> </u>	2		X42=			OR	X84=	18.00	•
MU	TIPLE DEPEN	DENT CLAIM P	RESENT				ſ	+140	"		OR	+280=	. 0	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTA	7		OR	TOTAL	101 () (d)	
CLAIMS AS AMENDED - PART II								CMAI		ENTITY	OR	OTHER		
		(Column 1)	1		mn 2) Jest	(Column 3)		SHIA				SINCE		ł
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	.28	Minus	-2	9).	· [X\$ 9	u.		OR	X\$18=		
	Independent	• 5	Minus	*** /	ξ			X42:	3		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	=.		OR	+280=		
\sim	1 .1	_			. <i>.</i>		L	TO LODIT, F	TAL.		OR	YOTAL ADDIT, FEE		1
9	199105	(Column 1)		(Colu	mn 2)	(Column 3)							-	
		CLAIMS		HIG	HEST		lr			ADDI-			ADDI-	伛
Ę		REMAINING AFTER		PREV	ABER KOUSLY	PRESENT EXTRA		RATI	E	TIONAL		RATE	TIONAL	8
AMENDMENT B	Total	AMENDMENT	Minds	PAIL	FOR	. /	 	X\$ 9		FEE	OR	X\$18=	FEE	
E E	Independent	•	Minds	/4. 1		9/	1	X42			1	X84=	<u> </u>	ABLE
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR	+280=		月
							Į	+140	TAL		OR	TOTAL		
									EE		Jon	ADDIT. FEE		•
_		(Column 1) CLAIMS			min 2) REST	(Column 3)	1 -						_	BEST
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	00
	Total	±	Minus	**	<u> </u>	=	1	X\$ 9	<u>.</u>	7 66	OR	X\$18=		1
	Independent	•	Minus	***		8	1	X42	_		OR	X84=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140			1	+280=		1
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR OR	TOTAL		┨
***	If the "Highest No.	mber Previously F mber Previously I nber Previously Pi	Paid For IN TH	18 SPACE	E is less tha	an 3. enter "3."		ADDIT. I		propriate bo	-	ADDIT. FEE olumn 1.	<u> </u>	1
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	APTO-E75 (Rev S	ard b												_